



TRANSCRIPT
COMMUNITY & PROVIDER FORUM: COVID-19
JULY 17, 2020 ▪ NOON -1 P.M. via WebEx

1

00:05:38.785 --> 00:05:41.004 **ANDREW REESE**
Good afternoon everyone this is Andy Reese.

2

00:05:43.285 --> 00:05:55.555
It's 12:05 p.m. I'm assuming I'm off mute Matthew is signing so that means you can hear me. I'll just start with a brief overview of where things stand.

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00:05:57.625 --> 00:06:02.454
In terms of COVID-19 for people supported by DDA in the District currently,

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00:06:03.264 --> 00:06:09.324
we have had 212 people who have tested positive for COVID-19,

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00:06:10.105 --> 00:06:14.545
and unfortunately have lost 28 people.

6

00:06:17.694 --> 00:06:29.904
There are currently two people hospitalized.

7

00:06:29.935 --> 00:06:44.725
We have 109 people who have not required any in-patient treatment for COVID-19 and there are

8

00:06:44.725 --> 00:06:49.105
73 people who received in-patient care and

9

00:06:51.444 --> 00:07:06.175
have since been discharged from the hospital. Of the 212 people who've been diagnosed to date. 89 of those were in supported living placements. 77 were in intermediate care facilities,

10

00:07:06.689 --> 00:07:16.915
27 were in residential habilitation placements, 14 in natural homes. Three in host homes and two in nursing homes.

11

00:07:20.095 --> 00:07:24.264
There have been 243

12

00:07:24.625 --> 00:07:36.055



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provider staff who have tested positive for COVID-19 and that includes eight people who work at more than one provider agency.

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00:07:36.504 --> 00:07:42.654

And we unfortunately have had six provider staff who have passed away from COVID-19.

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00:07:47.425 --> 00:08:01.644

So, we had just a couple of questions, and maybe we'll do those questions and then today we want to spend a little time talking about some of the information we gave people before that Day services and retainer payments.

15

00:08:01.644 --> 00:08:14.485

We spoke with CMS earlier this week. So, we can provide an update there. It's not all that different from the information we provided last week, but it's the current, most accurate information we have.

16

00:08:14.845 --> 00:08:26.245

And then just some discussion of sort of where we are in terms of looking at how we're doing with implementing the

17

00:08:29.425 --> 00:08:39.985

assessments with people of their community participation assessment and questionnaire as well as working with people to engage in Day

18

00:08:40.200 --> 00:08:48.355

What it looks like to be able to begin those Day services some discussion about what we could do in terms of employment readiness,

19

00:08:48.355 --> 00:08:55.674

perhaps answer some questions about that and also look at guidance that people have been giving us feedback for.

20

00:08:56.065 --> 00:09:05.394

We're looking forward to phase three and so we're starting to think about what that guidance will look like. And I just want to walk through that and what's really become clear,

21

00:09:05.394 --> 00:09:15.985

And I talked about this some last week where I said we're putting together a group to begin to have these facilitated discussions about people's rights during the pandemic.

22

00:09:17.154 --> 00:09:19.855

And as people commented on the phase three guidance,



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23

00:09:19.855 --> 00:09:20.754

it was very clear,

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00:09:20.754 --> 00:09:26.695

the sort of pressure we're seeing now between sort of protection and rights,

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00:09:27.205 --> 00:09:31.375

and just kind of walking through what,

26

00:09:31.855 --> 00:09:33.534

even though

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00:09:33.534 --> 00:09:34.644

COVID-19 changes,

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00:09:34.644 --> 00:09:36.174

nothing about people's rights,

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00:09:36.235 --> 00:09:41.875

I think that because of the potential consequences,

30

00:09:44.485 --> 00:09:57.774

it has become very starkly clear, sort of, you know, this, this pressure point between wanting to protect people versus people who live in the community and have all the same rights as the rest of us

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00:09:58.134 --> 00:10:09.325

and how do we balance those two very legitimate concerns. So, we're going to be today we'll be sending out the draft of our PowerPoint.

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00:10:09.325 --> 00:10:20.424

That will function as the facilitation for the discussions about this. We've asked a number of different people to help us to finalize those.

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00:10:20.455 --> 00:10:34.044

And then to help us with that facilitation and then we're also going to be forwarding and finalizing within the next week or so, some guidance regarding people's Right?

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00:10:35.095 --> 00:10:49.524 **CRYSTAL THOMAS**

And it looks like our ASL interpreter can't hear you. Right now. Hold one. Second can anyone hear me okay.

35

00:10:59.184 --> 00:11:11.095 **ANDREW REESE**

So, we don't seem to have the interpreter with us right this minute. So we're going to hold on just a second to make sure that this is accessible to everyone.

36

00:12:47.335 --> 00:12:47.514

So,

37

00:12:47.514 --> 00:12:48.174

anyway,

38

00:12:57.085 --> 00:12:57.235

hey,

39

00:12:57.235 --> 00:12:57.595

Matthew,

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00:12:57.595 --> 00:13:07.644

can you hear me this is forgotten and you can you speak please just see if he can as well Matthew are you able to hear now?

41

00:13:09.024 --> 00:13:10.495

Oh, okay. Okay.

42

00:13:13.075 --> 00:13:25.495 **ANDREW REESE**

Sorry that we cut off there for a minute and I don't remember where I was. So, perhaps we can now move on to the questions.

43

00:13:25.495 --> 00:13:35.605 **CRYSTAL THOMAS (Question)**

Okay, good afternoon. Some service coordinators have indicated a need for written plan for how a person supported intends to spend their economic stimulus checks.

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00:13:36.054 --> 00:13:41.125

others had not requested this information and we're getting mixed messages about what is needed.

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00:13:42.294 --> 00:13:51.774



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Could you please clarify this and this is needed and if so could you please direct us to the written communication transmittal regarding the need for written plan?

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00:13:54.894 --> 00:14:01.225 **WINSLOW WOODLAND (answer)**

So, there is no written plan as a part of our

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00:14:06.294 --> 00:14:15.595

There's no written plan, but it is in our policy, our personal funds policy that all funds has to be accounted for and

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00:14:15.595 --> 00:14:25.254

the expectation is that the person has an individual financial plan developed at their, ISP which is amended in case

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00:14:25.254 --> 00:14:31.044

They hit the lottery or start working or any other funds come in.

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00:14:32.274 --> 00:14:44.184

And the expectation is that all monies are accounted for with receipts for purchases that are above fifty dollars. So it's not and I do apologize.

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00:14:44.215 --> 00:14:58.254

some service coordinators have not been able to accurately communicate that but what I know is that some work off of having meetings to plan and plan and then share with providers

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00:14:58.254 --> 00:15:09.414

So, I will be sending an email to all service coordinators to ensure that the message is communicated consistently and effectively across the board.

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00:15:11.245 --> 00:15:20.215 **ANDREW REESE (answer)**

So to be clear during COVID-19 there's no change in our policy. There's no need for a stimulus check procedure.

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00:15:20.485 --> 00:15:28.044

It is the same procedure that exists whenever anyone's income changes during the course of the year.

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00:15:33.445 --> 00:15:44.725 **CRYSTAL THOMAS (Question)**

Can we provide telehealth services for employment readiness? Can we have our staff go to a residential provider's home and provide the employment readiness service in the home?



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00:15:46.674 --> 00:15:59.424 **ANDREW REESE (Answer)**

So these are two really good questions. And actually we are also thinking about, and we're going to have a meeting next year to discuss how we might be able to.

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00:16:00.445 --> 00:16:11.845

So, one of the challenges with employment readiness and providing telehealth, employment reading as to people who are in a placement, where they're receiving other services.

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00:16:12.120 --> 00:16:16.434

is that you cannot bill two Medicaid services at the same time.

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00:16:16.855 --> 00:16:31.825

And so if people are in a home, and they're required to have staffing in the home with them, then you couldn't remotely provide employment readiness because someone has to pay both staff.

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00:16:33.475 --> 00:16:38.965

So that's one challenge. The other suggestion could a provider.

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00:16:39.835 --> 00:16:50.034

Could a day employment provider work with a residential provider to say how about we have our staff there during the day to do employment readiness,

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00:16:50.335 --> 00:16:56.754

or even some of our residential providers who do both rather than doing companion could you do employment readiness?

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00:16:56.815 --> 00:17:07.765

Yes, the issue being, you cannot bill two services to medicaid at the same time. So if you were to switch them out in that manner that could work.

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00:17:07.974 --> 00:17:22.285

The other thing we're considering, and we'll be talking about this early next week. So, I'm hoping that by next Friday, we will have an update for everyone is the possibility that we could authorize job Readiness through RSA

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00:17:23.154 --> 00:17:36.325

and that way the providers could provide it remotely and be paid by RSA, so, we wouldn't be billing Medicaid for two services at the same time as a practice up until now.

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00:17:36.325 --> 00:17:46.914

We've only used RSA job readiness for people who were sort of closer to ready and it's been a two week service. So we're going to need to look at those policies.

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00:17:48.055 --> 00:17:55.795

To make sure that under our existing policies, we could do it and just keep re- authorizing more than just the two weeks.

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00:17:55.795 --> 00:18:07.974

But, you know, historically, it's been if someone needs sort of extensive employment readiness, they would get it through the waiver. If they were closer to being job ready, then they would get it from RSA.

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00:18:08.785 --> 00:18:16.045

But I think that we might be able to look at doing this through RSA so that people could get that service while they're at home.

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00:18:19.615 --> 00:18:28.194 **CRYSTAL THOMAS (Question)**

Is it accurate to say that the retainer ends July fifteen with the stipulation of length of billing restricted to eighteen weeks?

71

00:18:28.585 --> 00:18:42.835 **ANDREW REESE (Answer)**

Not exactly what we learned from CMS this week and from the guidance that we sent out to all providers a week ago that we had gotten from CMS just last week, is that

72

00:18:44.515 --> 00:18:58.914

retainer payments can be paid for thirty consecutive days of service, and that you can that we can only have three periods of thirty days.

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00:18:58.914 --> 00:19:11.934

So that works out to ninety days of service, which is about eighteen weeks. Those retainer payments

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00:19:13.164 --> 00:19:20.994

If they had started on March 11th would have ended eighteen weeks, get you through this week.

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00:19:21.984 --> 00:19:36.384

But the retainer payment, as part of our Appendix K is in place until March 10, 2021. And so they, you know, you could do the retainer payments in the future.

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00:19:36.805 --> 00:19:48.355



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I, I do want to so because of this change with retainer payments, it delayed CMS approving our amended Appendix K.

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00:19:48.599 --> 00:19:53.394

So I'll answer my question.

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00:19:54.384 --> 00:19:55.164

The question,

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00:19:55.164 --> 00:19:55.914

I expect about,

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00:19:55.914 --> 00:20:09.474

what do we know about the Appendix K we don't yet in terms of particularly companion one to two. We submitted that we got comments from CMS,

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00:20:09.474 --> 00:20:10.615

but not about that.

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00:20:10.615 --> 00:20:20.875

So we expected to be approved, but we have to submit some final changes. CMS after we met with them Wednesday.

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00:20:21.805 --> 00:20:30.505

Had to go back and get some answers from up the chain they expected to be back to us with those answers by early next week.

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00:20:30.744 --> 00:20:39.565

And then we will revise our final amendment to our Appendix K, and get it into CMS and hope that it will be approved quickly.

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00:20:40.674 --> 00:20:46.674

There are some provisions in the,

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00:20:50.545 --> 00:21:01.674

in this new guidance that speaks to providers having to retain staff and the issues there is

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00:21:04.644 --> 00:21:15.835



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The importance of ensuring that, you know, that the services is maintained. Now, I do get that by limiting the number of periods that it's authorized

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00:21:15.865 --> 00:21:23.244

It makes maintaining the service until people can really fully reengage in Day much more challenging.

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00:21:24.295 --> 00:21:34.434

But the response from CMS on that was that there are other sources of funding that are available and those really need to be relied upon.

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00:21:34.795 --> 00:21:47.095

One of those is the Cares Act Provider, Support Funds that people can apply directly to HHS for those funds. It's not CMS,

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00:21:48.505 --> 00:22:02.724

and we had sent out guidance, I think, three times now. So that providers can get that information and can submit their applications. Those are due by July 20th and providers are eligible

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00:22:02.845 --> 00:22:10.615

It's I believe two percent of their gross payments from the prior calendar year,

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00:22:10.644 --> 00:22:22.434

and so providers had to submit what their billing had been from the prior year and then had to submit application by July 20th and they're eligible to get those payments from HHS.

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00:22:23.309 --> 00:22:36.474

Providers are also eligible to get PPP, one of the things that providers are going to have to provide an attestation.

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00:22:36.474 --> 00:22:45.474

for a retainer payments is that they're not getting paid more than once for the same thing?

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00:22:45.984 --> 00:22:59.335

And so, to the extent that providers, for example, use PPE to maintain their direct care staff, because our retainer payment did not pay for that. That's fine.

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00:22:59.845 --> 00:23:14.694

But it's going to be important in terms of accounting for any funds received that what those funds were spent on is accounted for. Because at the end of all of this, there may well be audits, which we'll checks to make sure that they were not.



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98

00:23:16.075 --> 00:23:24.954

They there wasn't sort of, you know, double dipping in terms of using various parts of federal funds to pay for the same thing.

99

00:23:26.575 --> 00:23:40.255

I don't see that being as much of a challenge as figuring out what all the various parts are and using them to stretch out the viability of your business as we begin to

100

00:23:40.255 --> 00:23:42.174

reengage people at day services.

101

00:23:47.125 --> 00:23:51.625 **CRYSTAL THOMAS (question)**

And this is in regards to the retainer ending, July 15th.

102

00:23:56.424 --> 00:24:01.255

For something so drastic as this, why are day providers getting less than a week notice?

103

00:24:01.285 --> 00:24:15.805 **ANDREW REESE (Question)**

We gave the notice that we got I mean, unfortunately, we got noticed from CMS. CMS reached out to us and schedule a call with us about it, because they recognized that this was short

104

00:24:15.805 --> 00:24:29.154

notice we forwarded the guidance that they sent us. And so, unfortunately, we share the information for pretty much as we were receiving it.

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00:24:29.184 --> 00:24:36.505 **CRYSTAL THOMAS (Question)**

Okay.

And some comments in a chat box with regards to the stimulus check.

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00:24:37.734 --> 00:24:47.934

It's important to be mindful that with planning you want to make sure that the person maintains the eligibility for Medicaid.

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00:24:51.265 --> 00:24:57.174

Also, some people may have received their stimulus check and did not communicate it to the provider.

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00:25:01.075 --> 00:25:02.214

That was one comment,



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109

00:25:07.404 --> 00:25:16.974 **ANDREW REESE (Answer)**

So they may have received their stimulus checked directly because I'm assuming because the process we have in place is for when we are the rep payee.

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00:25:18.535 --> 00:25:31.464

And so it's going to be important in those cases, just to talk with the person, you know, to make sure that you're accounting for how they spent it.

111

00:25:31.494 --> 00:25:37.555 **CRYSTAL THOMAS (Question)**

We have to consider workers compensation liability when a day program staff works in a residential site.

112

00:25:46.375 --> 00:25:51.444 **ANDREW REESE (Answer)**

I mean, don't seem to me to be issues that would be resolved between the programs.

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00:25:51.444 --> 00:26:01.704

I'm not sure I see that but, you know, if your business, so you can make those determinations our service coordinators, come out to your sites.

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00:26:02.460 --> 00:26:13.974

Pre COVID all the time and workers compensation does it I mean they're covered by workers comp by us.

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00:26:14.394 --> 00:26:21.204

If they became injured at your location, they'd be covered by our workers Comp is what I expect.

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00:26:21.204 --> 00:26:30.234

So, I'm not sure how that would be implicated.

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00:26:30.234 --> 00:26:37.194 **CRYSTAL THOMAS (Question)**

and here's a comment I'm not sure if that's a question. Some service coordinators have started.

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00:26:37.224 --> 00:26:48.295

I believe this is the CPAQ process, excluding all team members, completing, and committing and posing that person's choose to not return to day program.

119

00:26:49.349 --> 00:27:00.414 **WINSLOW WOODLAND (Answer)**

Okay, my telephone number is (202) 730-1618 for individual concerns.

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00:27:01.075 --> 00:27:13.944



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I would like to be made aware specifically of who that is, because that is not the process that we train service coordinators to operate. **ANDREW REESE (Answer)** and people can see that

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00:27:13.974 --> 00:27:23.394

there's a, there's the process as well as the CPAC itself and the PowerPoint from the training all or on our website.

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00:27:24.835 --> 00:27:26.875

We may want to remind our own staff of that.

123

00:27:42.654 --> 00:27:46.255

I, I don't even understand a question cause what let me see.

124

00:27:54.714 --> 00:28:01.555 **CRYSTAL THOMAS (Question)**

Alright, another question see, if I can, I understand exactly what they're asking.

125

00:28:01.585 --> 00:28:16.375

Why is the stimulus check payment added to the DDS account when the check is deposited into their community account, which is creating a lot of confusion. **Jared Morris (Answer)** Yeah, this is Jared.

126

00:28:16.375 --> 00:28:28.045

I'll have to speak to our colleagues over at the chief financial officers area. I'm a) I'm not aware of that.

127

00:28:28.255 --> 00:28:42.535

I'm sorry if there is confusion, but I'll have to look into that. **ANDREW REESE (Answer)** It's our understanding is the checks are not being handled any differently from any other.

128

00:28:42.535 --> 00:28:54.325

Like, if someone got a lump sum social security, it's essentially exactly the same check. **JARED MORRIS** Correct? So, that and there's an explanation for all of those payments. So you should know that

129

00:28:54.625 --> 00:29:03.924

This is for the stimulus payment, so that you are able to differentiate that, but I will follow up on that.

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00:29:06.144 --> 00:29:17.664 **CRYSTAL THOMAS (Question)**

Some providers are completing CPAQ and excluding day service providers, which appear to be contrary to what was conveyed during the CPAQ training.

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00:29:18.204 --> 00:29:26.184 **WINSLOW WOODLAND (Answer)**



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Again, my number is (202) 730-1618 that absolutely should not be happening.

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00:29:35.244 --> 00:29:40.974

So the process includes a, and so, let me be clear.

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00:29:41.664 --> 00:29:56.184

There has to be a meeting of all parties, but the CPAQ itself is not the determining factor. It is just a component of the process.

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00:29:57.355 --> 00:30:06.984 **ANDREW REESE (Answer)**

The CPAQ is the assessment that is done and is committed and once it is committed the service coordinator schedules

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00:30:08.244 --> 00:30:10.134

And IDP meeting,

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00:30:10.285 --> 00:30:14.065

so that it can be discussed and services planned,

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00:30:15.474 --> 00:30:15.865

and

138

00:30:15.865 --> 00:30:16.075

It is

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00:30:16.105 --> 00:30:19.855

that meetings at the day providers are invited to that it,

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00:30:19.855 --> 00:30:25.974

the people who complete the community participation assessment and questionnaire.

141

00:30:26.154 --> 00:30:40.075

CPAQ are the folks in the residential placement, the provider complete, correct? **WINSLOW WOODLAND (Answer)** anyone involved with the person can completed knows the person.

142

00:30:40.375 --> 00:30:55.285

So we have people who live in own. We have people who live in residential providers. We have people who have just their family and the Day provider. So it matters that it's done appropriately for the person.



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00:30:55.285 --> 00:31:01.944

But it is the precursor to a meeting of all parties to discuss the, assessment.

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00:31:07.285 --> 00:31:09.805 **CRYSTAL THOMAS (Question)**

Who was supposed to get the CPA?,

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00:31:10.914 --> 00:31:19.255

I guess this notification, when it is completed, we had received several notifications for persons we do not serve again.

146

00:31:19.285 --> 00:31:19.974 **WINSLOW WOODLAND (Answer)**

My number

147

00:31:19.974 --> 00:31:20.154

is

148

00:31:20.214 --> 00:31:20.605

(202)

149

00:31:20.605 --> 00:31:20.964,

150

00:31:20.964 --> 00:31:21.384

730-1618

151

00:31:21.384 --> 00:31:21.595

152

00:31:21.595 --> 00:31:21.984

153

00:31:22.015 --> 00:31:22.255

154

00:31:22.255 --> 00:31:22.585

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00:31:22.585 --> 00:31:22.855



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00:31:22.884 --> 00:31:31.345

I would love to know who they are so that if it's in glitch within our system that we can fix it,

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00:31:35.875 --> 00:31:36.865

158

00:31:47.545 --> 00:31:48.744 **ANDREW REESE (Answer)**

And let me just say

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00:31:52.674 --> 00:32:05.035

Beam had given us a number of the community participation and assessment questions that have been committed so far it's a process that we're just starting we're all working together

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00:32:05.035 --> 00:32:16.855

so it's helpful to hear where things need to be tightened up. But it's essential as there are questions to raise them, preferably first to the service coordinator.

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00:32:20.605 --> 00:32:29.755

It's great. Okay. Yeah, I got it wrong.

162

00:32:32.755 --> 00:32:45.384 **CRYSTAL THOMAS**

Okay, so I typed in the wrong number for a Deputy Winslow. It's (202)730-1618. Are there any other questions.

163

00:32:51.234 --> 00:33:00.204 **ANDREW REESE**

So, while people are waiting with any questions, maybe it would be helpful for me to walk. Through one thing.

164

00:33:00.204 --> 00:33:12.535

I do want to just kind of remind people I've talked about this before, but we do have the group of people who've been working together on the issues related to Day services.

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00:33:12.894 --> 00:33:26.545

There is a group that is developing a guide called best practices for Day and that should be available soon. In addition to that we also

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00:33:27.924 --> 00:33:42.085

DC Health is developing guidance on all adult day programs in the District and we hope that that will be published soon. They've drafted it and going through the review process currently.

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00:33:48.234 --> 00:33:50.335

We hope that that will be available soon.

168

00:33:51.474 --> 00:34:03.714

It'll really be essential that we have the DC Health and the DDS guidance regarding Day in order to have these meetings with people. Just as a reminder in our

169

00:34:05.575 --> 00:34:17.724

Phase two reopening guidance we did give the general sort of parameters of day services. Day services can reopen. It's quite limited in that

170

00:34:18.295 --> 00:34:26.965

You cannot have more than ten people in a room, but you also can't have more than five people per thousand square feet.

171

00:34:27.210 --> 00:34:31.795

That's based on other guidance from the reopen DC Guidance,

172

00:34:32.755 --> 00:34:38.034

and it was regarding personal care locations gyms,

173

00:34:38.125 --> 00:34:52.824

those kinds of places. For the phase three we don't have anything specific about square footage in our guidance only because we expect that the DC Health Guidance is going to

174

00:34:52.824 --> 00:34:54.264

address that issue.

175

00:34:59.034 --> 00:35:13.465

We began drafting our phase three guidance so that our hope is that our phase three guidance will be available as we get to phase three that

176

00:35:13.945 --> 00:35:15.235

people should

177

00:35:18.175 --> 00:35:21.715

take advantage of all of the information that is out there.

178

00:35:21.925 --> 00:35:36.835



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If you go to coronavirus.dc.gov under data, you can see the metrics that are required for us to move to phase three and you can sort of track what our progress is. So that you can see how soon we may be there.

179

00:35:43.255 --> 00:35:57.534

If it was interesting in drafting the guidance we asked for input from various people, and I just want to walk through some of some of the kinds of some of the thoughts people had and questions. In part.

180

00:35:58.855 --> 00:36:11.065

there were many questions about sort of higher risk. We include information in our guidance about people who are a higher risk for severe illness from COVID-19.

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00:36:12.474 --> 00:36:18.355

I think it's more accurately people are a higher risk for transmission of and.

182

00:36:20.215 --> 00:36:28.045

Severe illness from phobic nineteen, and was very important and it was a reminder as we were drafting this for phase.

183

00:36:28.045 --> 00:36:37.405

three is to always, we have a link here to the CDC, the Centers for Disease Control and Prevention website.

184

00:36:38.965 --> 00:36:40.914

And when you read the guidance,

185

00:36:40.914 --> 00:36:42.144

if you read it electronically,

186

00:36:42.144 --> 00:36:57.085

you can always click back there to see the CDC does in fact include in its guidance that there is a higher risk of transmission and severe outcomes

187

00:36:57.085 --> 00:37:00.864

for people who live in long term care placements like,

188

00:37:00.864 --> 00:37:02.514

an ICF or ResHab

189

00:37:02.934 --> 00:37:07.824

and that's the reason we've included that as high risk as higher risk.



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190

00:37:08.724 --> 00:37:20.844

There's been some changes in their guidance. However, so we'll be updating our phase three guidance. But, as I say, it's important that people keep looking, because, as they learn, they update the information that they provide to us.

191

00:37:21.179 --> 00:37:25.525

So that they no longer had this hardline at age sixty-five.

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00:37:25.525 --> 00:37:37.014

But just say, as you get older, the risk of severe illness from COVID-19 increases, they've also modified their statement.

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00:37:37.195 --> 00:37:45.894

Previously, they identify severe obesity or more bit obesity, which is a body mass index above forty as a high risk group.

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00:37:46.375 --> 00:37:57.864

In looking at the data, they are now saying that obesity with a body mass index of thirty or greater is a high risk category. They've also looked at some other

195

00:38:00.414 --> 00:38:13.224

some of the other conditions, they've clarify that type one Diabetes is higher risk as a, or I'm sorry type II diabetes is a higher risk, which is the acquired diabetes, as opposed to type I diabetes.

196

00:38:13.344 --> 00:38:24.025

So, it is very important, as I say, to check back in with that guidance to look at [coronavirus.dc.gov](https://www.coronavirus.dc.gov) and also to look at the CDC guidance.

197

00:38:28.494 --> 00:38:32.934

We included in our guidance of reference to the fact that Mayor's Order 2020 063

198

00:38:32.934 --> 00:38:47.784

Oh, sixty three remains in place included in that order are all the requirements regarding screening of employees, screening of visitors, just to clarify for people.

199

00:38:47.815 --> 00:39:02.125

That means anybody that comes in who doesn't live there and so that would include in phase three in a very limited way our service coordination, quality resource and investigation



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200

00:39:02.125 --> 00:39:11.215

Staff may do a face to face visit if it is necessary and with the approval of the respective Deputy Director.

201

00:39:11.545 --> 00:39:17.755

And if they do, they would be subject to the same screening as anyone else who visited a placement.

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00:39:21.894 --> 00:39:36.235

The other thing that really became clear in putting this guidance together and hearing from people about the guidance was how important it is that we have

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00:39:40.585 --> 00:39:41.094

204

00:39:45.985 --> 00:39:54.445

clear guidance for people regarding their rights during COVID-19 not just for the people we support,

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00:39:54.445 --> 00:39:54.775

but,

206

00:39:54.835 --> 00:39:55.164

you know,

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00:39:55.164 --> 00:39:57.355

for our staff or provider staff,

208

00:40:00.295 --> 00:40:01.315

because

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00:40:03.594 --> 00:40:14.784

while it's kind of the same as this question that came up regarding, you know, what did you do, we write any policy regarding stimulus checks?

210

00:40:14.815 --> 00:40:20.304

Well, no, because it's handled the same way as other money, but in terms of

211

00:40:22.824 --> 00:40:25.255

People's rights during COVID-19.



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212

00:40:26.364 --> 00:40:41.125

First of all, all of us learned some things about our rights during COVID-19 when the Mayor issue to stay at home order and there were questions about how that would be enforced for the whole city. And then, once that ended, there was the question.

213

00:40:41.125 --> 00:40:48.295

What does that mean for the people we support? Well, they're like, every other resident of the district and so it ended for them as well.

214

00:40:48.925 --> 00:40:58.735

And, you know, as I said, last week, you know, we don't have any more authority to quarantine someone, or tell them to stay at home.

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00:40:59.815 --> 00:41:09.085

If we intend to impose any restriction on a person there's a process that we need to go through before any restriction can be put in place.

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00:41:09.684 --> 00:41:20.934

And so we just wanted to sort of walk through what those are and we're drafting this. And I hope that this guidance will come out very soon.

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00:41:21.505 --> 00:41:25.824

But if I'll just walk through some of the major points in it,

218

00:41:30.985 --> 00:41:31.824

First of all,

219

00:41:31.855 --> 00:41:32.065

you know,

220

00:41:32.065 --> 00:41:35.005

just that it is very important to remember that,

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00:41:37.045 --> 00:41:37.375

you know,

222

00:41:37.405 --> 00:41:42.925

while the provider is required to put limits on when visitors come in



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223

00:41:42.925 --> 00:41:48.864

they have to agree to, you know, that they have to be trained. And if someone says, I don't want to be screened, it means they don't come in.

224

00:41:52.375 --> 00:42:03.864

And they may have particular, you know, the recommendations they guidance from DC Health regarding visitation, in supportive living.

225

00:42:03.864 --> 00:42:13.255

And residential habilitation was to the extent there's a shared living space because afforded living someone could live alone to the extent they're shared living.

226

00:42:13.494 --> 00:42:26.335

If there's going to be a visit inside there ideally, would be a, it would either occur in the person's room or there will be an identified space. And the recommendation. I probably should've said this first to the extent.

227

00:42:26.335 --> 00:42:39.054

it can, it should occur outside, but keeping in mind that the people we support have the same, rights

228

00:42:39.114 --> 00:42:43.525

As every other district resident they have the right to go into the community.

229

00:42:43.554 --> 00:42:54.804

They have the right to have visitors in their home outside their home, you know, providers can issue a blanket ban on a person's rights,

230

00:42:55.074 --> 00:43:05.965

And, however, if there are any proposed restrictions of the person's, rights Then we do have policies and procedures in place.

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00:43:05.965 --> 00:43:18.684

We have the DDS or the DDA human rights policies and procedures, which you can find on our website and any restriction imposed on a person has to be individually justified.

232

00:43:19.585 --> 00:43:32.695

Accompanied by a person's informed consent and reviewed by providers human rights committee with the right to appeal to the DS human rights advisory committee before it's implemented.

233

00:43:34.045 --> 00:43:47.244



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You know, I've said before I really appreciate the steps that providers have gone to the concern that providers have about ensuring the protection of all the people that we support but the other thing is keep in mind

234

00:43:48.625 --> 00:44:02.695

Phase four the point at which we really move forward when there will be a widely available effective vaccine or cure will likely not be here for months and months.

235

00:44:03.954 --> 00:44:13.554

We cannot well, first of all you can't without going through a process. You cannot expect that people's lives are going to be that restricted for a year to come.

236

00:44:13.824 --> 00:44:25.135

We have to start learning how to live in the current, you know, it's like, it's not that we're going to talk about what's the due date looks like when this is over what's the due day

237

00:44:25.135 --> 00:44:28.974

look like right now and how do we begin to negotiate that?

238

00:44:29.394 --> 00:44:43.614

I also just want to quickly walk through some of the issues related to the community participation assessment and questionnaire. Is there to guide the teams' discussion about restarting day and employment services.

239

00:44:44.784 --> 00:44:58.824

It is also subject to human rights policies. It is not required before a person can engage in other community activities. It's not required for people to have a visit or to go visit with people.

240

00:45:00.744 --> 00:45:13.795

It's not intended to be a directive to prevent people from engaging in activities, based on their risk. It is intended to be a tool that identifies risk and plans for mitigating for reducing those risks.

241

00:45:17.934 --> 00:45:22.885

Another really important point and this is something that I'm hoping as we look at our

242

00:45:23.574 --> 00:45:33.175

the PowerPoint we're developing and have our discussions is really understanding the role of guardian substitute decision makers and people support teams.

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00:45:35.275 --> 00:45:43.045

The support team doesn't vote on what a person who gets to do. That's not their role. The support team is there to support a person and making decisions.



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244

00:45:44.155 --> 00:45:48.835

Often times the support team is essentially in understanding what it is

245

00:45:48.835 --> 00:45:51.715

the person wants.

246

00:45:51.715 --> 00:46:05.125

Knowing what's important to that person and what's important for them understanding what the person is communicating about what their wishes are. Informing the person about

247

00:46:05.184 --> 00:46:16.074

their choices and interpreting the person's responses to that to make sure that we are facilitating a person engaging and those activities that they want in a safe manner.

248

00:46:16.465 --> 00:46:23.034

So I think it will be really helpful as we draft this guidance and as we begin to have those conversations

249

00:46:23.034 --> 00:46:33.054

Because like I say, none of this is new in terms of what the roles are that exist, but it is, like, it's very heightened.

250

00:46:34.914 --> 00:46:45.264

The implications of these decisions are very significant. So, I'll stop talking and I could be that now when I turned around and I'll see there are questions.

251

00:49:08.605 --> 00:49:13.585 **CRYSTAL THOMAS (Question)**

Okay, sorry about that. Everyone who completes the CPAQ for those in natural home.

252

00:49:14.994 --> 00:49:20.155 **WINSLOW WOODLAND (Answer)**

That would be the service coordinator I'm working with the person and or family.

253

00:49:27.414 --> 00:49:33.954 **CRYSTAL THOMAS (Question)**

What about person who would like to go on a weekend vacation? Stay in a hotel. Does CDC have any guidance.

254

00:49:35.425 --> 00:49:44.125 **ANDREW REESE(Answer)**

Out of town travel is discouraged. Our phase two guidance actually specifically says hold on one second and I'll pull it up.



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255

00:49:47.184 --> 00:49:54.445

Does specifically address base, so if you go back and review the phase two guidance, I believe you'll say that it says.

256

00:49:58.375 --> 00:49:58.945

I'm

257

00:50:27.295 --> 00:50:39.324

trying to find the exact language, but I can tell you that the answer during phase two. The answer is no, in that out of town travel is still discouraged in phase two and

258

00:50:41.485 --> 00:50:53.304

I'm assuming that someone isn't wanting to go to a hotel in DC and spent the night. So a weekend away would be out of town travel, which is still

259

00:50:54.119 --> 00:50:57.775

I'm trying to find the exact language, but it is still discouraged.

260

00:51:34.344 --> 00:51:39.264

Yeah, out of town travelers, discouraged until stage three when it can resume.

261

00:51:42.295 --> 00:51:51.954 **CRYSTAL THOMAS (Question)**

Where do we find the CPAQ to complete it?

262

00:52:14.065 --> 00:52:19.260 **WINSLOW WOODLAND(Answer)**

It's in MCIS. So, if you go to MCIS and you go under first.

263

00:52:24.894 --> 00:52:26.994

Is approximately the,

264

00:52:27.655 --> 00:52:30.204

it's under information,

265

00:52:31.554 --> 00:52:31.764

eight,

266

00:52:32.965 --> 00:52:41.485

eight rows down on the ISP so the click on the person.



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267

00:52:43.255 --> 00:52:48.719

Then go to information scroll down.

268

00:53:06.114 --> 00:53:19.405 **CRYSTAL THOMAS(Question)**

It would have helped if CPAQ were created in a way LON was created the way feedback is created it forces a person to complete all of it and committing it.

269

00:53:19.554 --> 00:53:22.405

It does not allow different people to complete

270

00:53:23.784 --> 00:53:27.324

separately the way the LON does, this can be abused.

271

00:53:28.644 --> 00:53:39.085 **ANDREW REESE (Answer)**

I think the most important thing is the Community Participation Assessment Questionnaire is and pulled up in a team meeting and it's discussed.

272

00:53:39.534 --> 00:53:51.295

And so all of the people at that meeting would then be able to weigh in on any concerns about risks that people have, or have not identified.

273

00:53:59.875 --> 00:54:11.304 **CRYSTAL THOMAS (Question)**

Will providers be supported and creating policies to protect health and safety required testing, or quarantines for high risk, or discouraged behaviors.

274

00:54:13.885 --> 00:54:28.585 **ANDREW REESE (Answer)**

So, various guidance out already from DC Health regarding supported living and residential habilitation, I believe there's going to be guidance out from DC Health regarding testing.

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00:54:29.755 --> 00:54:43.255

There will be guidance out from DC, Health regarding ICF and regarding Day programs. I'm very concerned about a question about a provider creating a policy

276

00:54:43.255 --> 00:54:49.735

that requires quarantine. Quarantine is something that's done by the public health authority in the state.

277

00:54:50.010 --> 00:54:50.579

So,



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278

00:54:50.695 --> 00:54:56.125

even people who people who had an exposure to a person,

279

00:54:56.125 --> 00:54:59.934

with a confirmed case of COVID-

280

00:54:59.934 --> 00:55:04.885

19 are told to self quarantine for fourteen days,

281

00:55:06.144 --> 00:55:08.815

it would be helpful for that person to be tested.

282

00:55:08.815 --> 00:55:14.034

But that doesn't change the need for the person to self-quarantine for fourteen days.

283

00:55:14.034 --> 00:55:25.074

If there's been an actual exposure for people who are ill, they should self- quarantine and isolate in their home DC Health helps with making sure that that isolation is done correctly.

284

00:55:26.844 --> 00:55:41.605

All of those are those are the only measures in terms of quarantine that occur even where a health provider or DC Health advises a person to self-quarantine

285

00:55:43.704 --> 00:55:57.565

they then check in to see how the person's doing with quarantining. I'm not aware and I don't know if we have any DC Health people on the line. I am not aware in the district of any so far during COVID-19

286

00:55:57.565 --> 00:56:02.094

of any warranty orders being issued to a person.

287

00:56:03.744 --> 00:56:18.445

To this day, what we had is advice given to the person about what they need to do to protect their own health and the health of the community and then there was follow up to see how they're doing and complying with that or with following that advice.

288

00:56:20.304 --> 00:56:29.994

The public health authority steps in, when someone is disregarding it causing a real harm potential harm and then they would step in.



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289

00:56:30.385 --> 00:56:41.034

So it gets me a little bit concerned when a provider asks about requiring quarantine for high risk or discouraged behaviors.

290

00:56:42.085 --> 00:56:54.474

And these are the kinds of things that we will be talking about when we do in the PowerPoints that we're doing. And when we have the discussions about, how do we balance protection and rights during COVID-19.

291

00:57:22.914 --> 00:57:36.925 **CRYSTAL THOMAS (Question)**

Comments that was added was the health provider recommends the quarantine. **ANDREW REESE (Answer)** The health provider recommends that a person self-quarantine. When I got the flu two years ago, my doctor recommended quarantine.

292

00:57:37.644 --> 00:57:51.324

In fact, maybe leave the office to another door and not be exposed to any other people in the office told me, you know, go straight home, quarantine, stay at home, stay at home for a week.

293

00:57:51.474 --> 00:58:06.144

You have to not have a fever for at least two days before you can be around people and that would have been a form of self-quarantine and maybe I'm being too legalistic here. Quarantine is a legal word.

294

00:58:07.014 --> 00:58:13.675

So the doctor is telling you to stay at home there that is not an order of quarantine.

295

00:58:16.224 --> 00:58:22.224

We need to make sure that we're helping people to do what's best for themselves and to reduce the risks to others.

296

00:58:23.005 --> 00:58:37.525

But those are the same kinds of I mean, for the whole country we say those are the kinds of discussions to happen in families and communities everywhere for all people and it's really no different for us.

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00:58:37.974 --> 00:58:38.364

And then,

298

00:58:38.364 --> 00:58:39.324

when you think about,

299



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00:58:39.355 --> 00:58:40.824
in terms of,

300
00:58:41.094 --> 00:58:41.364
I mean,

301
00:58:41.364 --> 00:58:48.744
one analogy I have in terms of how this plays out in a particular placement,

302
00:58:48.864 --> 00:58:55.284
it's not really any different when you have shared living if one person smokes and another person has asthma,

303
00:58:56.304 --> 00:59:01.344
how do you manage that how do you have discussions about where you're going to smoke?

304
00:59:03.175 --> 00:59:13.375
You know, it's really the exact same thing. It's the same concept. And so we just need to make sure how do we apply those concepts to our current circumstance.

305
00:59:17.034 --> 00:59:25.614
So, we just had two minutes remaining today is a hard stop, because I have a cabinet meeting I have to go to that begins right at one o'clock.

306
00:59:55.525 --> 01:00:10.074
So, we use this new format, because it really does help with the background noise, but I must say there's so little noise that I sometimes feel like I'm not sure there's someone on the other end. I do see the comments that have come in from people.

307
01:00:10.974 --> 01:00:22.914 **CRYSTAL THOMAS (Question)**
Okay. It appears that people, providers are unclear as multiple people of authority are self-isolation, isolation, versus quarantining self-quarantining.

308
01:00:28.739 --> 01:00:43.315 **ANDREW REESE (Answer)**
So this is a reason that we'll have this discussion is so that people can be clear isolation is within the home when you have a person who has tested positive, you need to make sure that they're isolated from everyone else.

309
01:00:44.275 --> 01:00:57.864



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You know, they're using to the extent possible a separate bathroom. They're staying in their room. They're eating their meals in their room. People are using all the appropriate PPE before they engage with a person who's been exposed

310

01:00:57.894 --> 01:01:04.465

Who has to self-quarantine at home stays at home for the two weeks, and monitors themselves for symptoms.

311

01:01:05.485 --> 01:01:15.175

I don't know that those people are told to isolate, but, you know, each of those would be things that isolation is a medical term.

312

01:01:15.175 --> 01:01:28.585

Quarantine is a legal term. Self-quarantine, has been used by doctors to say self- quarantine, which means you're telling yourself to quarantine as I said, only, you know, the public health authority.

313

01:01:28.735 --> 01:01:33.054

The only one that can order you to quarantine to date. They haven't really done that.

314

01:01:33.204 --> 01:01:47.545

But what we're referring to is when people are sick, you really need to stay at home and that is to quarantine yourself to not go outside your home for the two weeks that you present a risk, potentially.

315

01:01:49.795 --> 01:01:52.344

And people should keep in mind that those two weeks

316

01:01:52.974 --> 01:02:05.635

That's for people who had been exposed, I've heard people apply this two weeks saying, once a person has been diagnosed with COVID-19 and the period of time that a person may be contagious with COVID-19.

317

01:02:05.635 --> 01:02:18.144

Nineteen is an issue that should be discussed with your healthcare provider. Because we have seen people with COVID-19 who remain positive for quite some time. So there you really need to rely on the advice of the healthcare provider.

318

01:02:18.864 --> 01:02:22.405

I hope I'm making it clear and not more confusing to people.

319

01:02:32.934 --> 01:02:36.324

Okay, I'm going to need to end the call now.



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320

01:02:37.074 --> 01:02:40.885

I'm going to thank everyone who came just again it's,

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01:02:43.315 --> 01:02:43.585

you know,

322

01:02:43.585 --> 01:02:47.184

as we have all these discussion about how we manage this once again,

323

01:02:47.184 --> 01:02:50.485

just thank the providers and their direct care staff,

324

01:02:50.485 --> 01:02:53.394

who are really on the front lines of helping us get through this.

325

01:02:53.425 --> 01:02:58.824

We've seen so much better outcomes we want to continue to see those positive outcomes,

326

01:02:59.034 --> 01:03:04.465

but we also really need to learn together how people will live in this new,

327

01:03:04.465 --> 01:03:06.954

normal and the way it is now,

328

01:03:07.105 --> 01:03:09.744

is the way it's going to be for quite some time to come,

329

01:03:09.744 --> 01:03:13.614

and we really need to learn together how to manage that.

330

01:03:13.824 --> 01:03:25.014

So that people all of us really have the ability to do the things that are important to us while ensuring our own and other people, safety and health in the meantime. Thank you.

331

01:03:30.300 --> 01:03:30.420

Okay.